DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BEACON HOUSE (410343)

Address: 166 S PARK AVE, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 06/01/1994

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093464 End Date: 10/05/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091940 End Date: 02/09/2004 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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NUTRITION & FOOD SERVICES

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 09/16/2004

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 10/05/2004

NOT SUBSTANTIATED

Date Complaint Received: 05/19/2004

Date Investigation Completed: 10/05/2004

Subject Area(s)

Result

SOD #

SOD #

NOT SUBSTANTIATED

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